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Bib Data Sheet

CONFIRMATION NO. 9060

<b>SERIAL NUMBER</b> 09/444,762	<b>FILING DATE</b> 11/22/1999 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 24729-105E
<b>APPLICANTS</b> BRUCE BRYAN, BEVERLY HILLS, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/135,988 08/17/1998 PAT 6,152,358 WHICH IS A CIP OF 08/757,046 11/25/1996 PAT 5,876,995 AND IS A CON OF 08/597,274 02/06/1996 PAT 6,247,995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/22/1999				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 51  <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 29694				
<b>TITLE</b> BIOLUMINESCENT NOVELTY ITEMS				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/444,762	11/22/99	435	1633	24729-105E		
APPLICANT	BRUCE BRYAN, BEVERLY HILLS, CA.					
<b>**CONTINUING DOMESTIC DATA*****</b>						
VERIFIED THIS APPLN IS A CON OF 09/135,988 08/17/98 <i>Wax</i>						
WHICH IS A CIP OF 08/757,046 11/25/96 PAT 5,876,995						
AND A CON OF 08/597,274 02/06/96						
<b>**371 (NAT'L STAGE) DATA*****</b>						
VERIFIED						
<b>**FOREIGN APPLICATIONS*****</b>						
VERIFIED						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/22/99 ** SMALL ENTITY **						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 4
Verified and Acknowledged		Examiner's Initials _____ Initials _____				
ADDRESS	STEPHANIE SEIDMAN HELLER EHRMAN WHITE & MCAULIFFE 4250 EXECUTIVE SQUARE 7TH FLOOR LA JOLLA CA 92037					
TITLE	BIOLUMINESCENT NOVELTY ITEMS					
FILING FEE RECEIVED	\$698		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			
			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			